

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 / 55293 4

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						
2		1					
3	1						
4	1						
5	1						
6	1						
7	1						
8	1						
9	1						
10	1						
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42	1						
43	1						
44	1						
45	1						
46	1						
47	1						
48	1						
49	1						
50	1						
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51							
52	1						
53		1					
54	1						
55	1						
56	1						
57		1					
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91		1					
92		1					
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94		1					
95		1					
96		1					
97		1					
98		1					
99		1					
100		1					
TOTAL IND.	15						
TOTAL DEP.	60						
TOTAL CLAIMS	75						